

PANAMA CITY, FLORIDA

DATE Sept 20 1951

NAME Mr. Howard J. Carlisle

ADDRESS _____

TELEPHONE _____

ALL BILLS ARE PAYABLE WEEKLY IN ADVANCE

SHOULD THIS STATEMENT BE IN ERROR, KINDLY SO ADVISE, THAT WE MAY RECTIFY IT

STATEMENT

MEMORIAL HOSPITAL

(BAY COUNTY)

PANAMA CITY, FLORIDA

DATE

Sept 20 19 51

NAME

Mrs. Howard Sept 27 -

ADDRESS

Carlele.

TELEPHONE

ALL BILLS ARE PAYABLE WEEKLY IN ADVANCE

BALANCE—ACCOUNT RENDERED							
ROOM SERVICE FROM 9-20 TO 9-27 AT \$ 5 ⁰⁰ PER DAY						35	00
FROM	TO	AT \$	PER DAY				
SPECIAL NURSES BOARD FROM TO AT \$ PER DAY							
OPERATING ROOM OR DELIVERY ROOM							
ANESTHESIA							
X-RAY							
LABORATORY							
BLOOD TRANSFUSION SERVICE CHARGE							
NURSERY							
DRUGS AND MEDICATIONS						16	70
MISCELLANEOUS							
TOTAL CHARGES						51	70
TOTAL CREDITS							
BALANCE — AMOUNT DUE							

SHOULD THIS STATEMENT BE IN ERROR, KINDLY SO ADVISE, THAT WE MAY RECTIFY IT

McCONNELL PRtg. Co.